UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

RI CEST FOR P	ATENT FE	E REFU	ND			
1 Date of Request:	al/Pa	tent	#	10	523337	
3 Please refund the following fee	e(s):	4 PAP NUM	ER BER		ATE FILED	6 AMOUNT
Filing		(1	283	ignos	\$ 350
Amendment			_		\$	
Extension of Time					\$	
Notice of Appeal/Appeal					\$	
Petition					\$	
Issue					\$	
Cert of Correction/Termina					\$	
Maintenance						\$
Assignment						\$
Other						\$
		7 TOTAL AMOUNT OF REFUND			T	\$ 750
		8 TO	BE F	REFUN	DED B	Y:
10 REASON:			T	reası	ıry Ch	neck
Overpayment		X	С	redit	t Depo	osit A/C #:
Duplicate Payment			, 5	0		423
No Fee Due (Explanation):						
11 REFUND REQUESTED BY:		•				
TYPED/PRINTED NAME:			т	ITLE	: <u>X</u>	arulogal ,
SIGNATURE: D. Kramull		 .	P	HONE	: 703	508-9140216
OFFICE:	 	*****				
THIS SPACE RESERVED FOR FINANCE						,,
APPROVED:		DATE	:: _			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B





PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

Effective December 6, 2004									00	0 /	80.	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT	SMALL ENT. = \$ 150 LARG		GE ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT / (4) = \$ 50	50 / \$ 100			EXAM. FEE	100		EXAM. FEE		
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			ther situations = \$ 250 / \$ 500		; SEARCH FEE	Ivo		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			123/50 = 23/50 =					X \$ 125 =	125		X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			39 m	39 minus 20 = . 18				X \$ 25 = .	450	OR	X \$ 50 =	
INDEPENDENT CLAIMS			6 1	(minus 3 = +				X \$ 100 =	300	OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT			7		+ \$ 180 =	1.80	OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	1400	OR	TOTAL		
		CLAIMS AS (Column 1)	AMENDED - PART II (Column 2) (Column 3)					SMALL ENTITY			OTHER THAN SMALL ENTITY	
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⋖		REMAINING AFTER AMENDMENT	·	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	W.FACE	RATE	ADDI TIONAL FEE	ange (Clert)	RATE	ADDI
NDMENT A	Total	REMAINING AFTER	Minus	NUM PREVIO	BER DUSLY	PRESENT	W. Proce		TIONAL	OR		TIONAL
		REMAINING AFTER		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	T. 2. 2000	RATE	TIONAL		RATE	TIONAL
⋖	Total Independent	REMAINING AFTER AMENDMENT	Minus Minus	NUM PREVIO PAID **	BER DUSLY FOR	PRESENT EXTRA		RATE X \$ 25 =	TIONAL	OR	RATE X \$ 50 =	TIONAL
⋖	Total Independent	REMAINING AFTER AMENDMENT	Minus Minus	NUM PREVIO PAID **	BER DUSLY FOR	PRESENT EXTRA		X \$ 25 = X \$ 100 =	TIONAL	OR OR	X \$ 50 = X \$ 200 =	TIONAL
⋖	Total Independent	REMAINING AFTER AMENDMENT	Minus Minus	NUM PREVIO PAID **	BER DUSLY FOR CLAIM	PRESENT EXTRA		X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT.	TIONAL	OR OR OR	X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT.	TIONAL
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B AMENDMENT A	Total Independent	* COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT * (Column 1) CLAIMS REMAINING AFTER	Minus Minus	PENDENT ((Colur High NUM) PREVIO	BER DUSLY FOR CLAIM nn 2) EST BER DUSLY	PRESENT EXTRA = (Column 3) PRESENT		X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. FEE	ADDI- TIONAL
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B AMENDMENT A	Total Independent FIRST PRES Total Independent	COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT * (Column 1) CLAIMS REMAINING AFTER AMENDMENT *	Minus Minus ULTIPLE DEP Minus Minus	(Colur HIGH NUMI PREVIC PAID ***	BER DUSLY FOR CLAIM mn 2) EST BER DUSLY FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA		X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. FEE RATE X \$ 25 =	ADDI- TIONAL	OR OR OR OR	X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. FEE RATE X \$ 50 =	ADDI- TIONAL
B AMENDMENT A	Total Independent FIRST PRES Total Independent	COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT * (Column 1) CLAIMS REMAINING AFTER AMENDMENT * *	Minus Minus ULTIPLE DEP Minus Minus	(Colur HIGH NUMI PREVIC PAID ***	BER DUSLY FOR CLAIM mn 2) EST BER DUSLY FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA		X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. FEE RATE X \$ 25 = X \$ 100 =	ADDI- TIONAL	OR OR OR OR	X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. FEE RATE X \$ 50 = X \$ 200 =	ADDI- TIONAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.